

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HZ368777**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION																		
NAME (LAST - FIRST - M.I.) TORRES, JOSE O		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR																		
STAR NO. 3783	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 7407 S MERRILL AVE																		
DATE OF APPOINTMENT 15-MAR-2013	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)																	
UNIT OF ASSIGNMENT 004	BEAT/CALL NO. 0406C	LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 0333																	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE HISPANIC	DATE OF OCCURRENCE 28-JUL-2016	TIME 19:35:00																	
HEIGHT 600	WEIGHT 175	DAY OF WEEK THURSDAY																		
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED																				
<input checked="" type="checkbox"/> 1. ON DUTY <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY <p>Describe _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <p><input type="checkbox"/> 2. OFF DUTY</p> <p><input type="checkbox"/> 3. SPECIAL EMPLOYMENT</p> <p><input type="checkbox"/> 4. SECONDARY / OTHER</p>		WORKING: <ul style="list-style-type: none"> <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS <p>How many? _____</p> PATROL TYPE: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ 																		
TYPE OF ACTIVITY																				
<ul style="list-style-type: none"> <input type="checkbox"/> A. AMBUSH -NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <p><input checked="" type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE 625 ILCS 5.0/4-103.2-A-3-POSSESS IUCR CODE MOTOR VEHICLE THEFT - AUTOMOBILE STOLEN VEHICLE > \$25,000</p> <p><input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____)</p> <p><input type="checkbox"/> K. OTHER</p>		FIREARM USE INFORMATION (Check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) /VEHICLE <p><input checked="" type="checkbox"/> B. VEHICLE <ul style="list-style-type: none"> <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input checked="" type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE </p> <p><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. BLUNT INSTRUMENT</p>																		
OFFENDER INFORMATION																				
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB 04-JUL-1998	CB NO. [REDACTED] IR NO. [REDACTED]																	
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <ul style="list-style-type: none"> <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <p>NO. OF OFFENDERS PRESENT? 2</p>																				
TYPE OF INJURY TO OFFICER		WEATHER CONDITIONS																		
<ul style="list-style-type: none"> <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE 		LIGHTING CONDITIONS AT INCIDENT <table border="0"> <tr> <td><input checked="" type="checkbox"/> A. DAYLIGHT</td> <td><input type="checkbox"/> D. DUSK</td> </tr> <tr> <td><input type="checkbox"/> B. NIGHT</td> <td><input type="checkbox"/> E. ARTIFICIAL LIGHT</td> </tr> <tr> <td><input type="checkbox"/> C. DAWN</td> <td><input type="checkbox"/> 1. POOR</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 2. GOOD</td> </tr> </table> WEATHER CONDITIONS <table border="0"> <tr> <td><input checked="" type="checkbox"/> A. CLEAR</td> <td><input type="checkbox"/> D. FOG / MIST / HAZE</td> <td><input type="checkbox"/> G. OTHER</td> </tr> <tr> <td><input type="checkbox"/> B. RAIN</td> <td><input type="checkbox"/> E. SNOW</td> <td><input type="checkbox"/> LOG# [REDACTED]</td> </tr> <tr> <td><input type="checkbox"/> C. SNOW</td> <td><input type="checkbox"/> F. SEVERE CROSS WIND</td> <td>16</td> </tr> </table> <p>APPROXIMATE OUTDOOR TEMPERATURE 72° F</p>		<input checked="" type="checkbox"/> A. DAYLIGHT	<input type="checkbox"/> D. DUSK	<input type="checkbox"/> B. NIGHT	<input type="checkbox"/> E. ARTIFICIAL LIGHT	<input type="checkbox"/> C. DAWN	<input type="checkbox"/> 1. POOR		<input type="checkbox"/> 2. GOOD	<input checked="" type="checkbox"/> A. CLEAR	<input type="checkbox"/> D. FOG / MIST / HAZE	<input type="checkbox"/> G. OTHER	<input type="checkbox"/> B. RAIN	<input type="checkbox"/> E. SNOW	<input type="checkbox"/> LOG# [REDACTED]	<input type="checkbox"/> C. SNOW	<input type="checkbox"/> F. SEVERE CROSS WIND	16
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Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
TORRES, JOSE O

STAR NO.
3783

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
PENA, MARIA C

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